



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
State Laboratory Institute
305 South Street, Jamaica Plain, MA 02130
(617) 590-6390

Biological/Chemical Specimen Submission Form

Environmental Threat

Do not write in this box; SLI use only	
SLI TRACKING NUMBER (One SLI Tracking # Per Package)	BT LAB NUMBER(S):
Received By Print Name: _____	
Signature: _____	
Date Received: ____/____/____/	Time Received: _____ am pm
Priority Sample <input type="checkbox"/> Yes <input type="checkbox"/> No	

1	COLLECTOR/SUBMITTER INCIDENT IDENTIFIER #: _____	INCIDENT REPORT ATTACHED? Yes No	EVIDENCE? Yes No	SPECIMEN SCREENED? Yes No (if yes, fill out back of form)
	SAMPLE DESCRIPTION: _____			
DATE COLLECTED: ____/____/____ TIME COLLECTED: ____ am pm (print name) COLLECTED BY: _____				
2	LOCATION WHERE SAMPLE WAS COLLECTED:			
	Location Name: _____	Telephone: _____		
	Address: _____	Fax: _____		
	_____	Contact Name: _____		

3	COLLECTOR INFORMATION:		4	SUBMITTER INFORMATION: <input type="checkbox"/> SAME AS COLLECTOR
	Contact Name (Lab Report To): _____		Contact Name (Lab Report To): _____	
	Organization: _____		Organization: _____	
	Address: _____		Address: _____	
	_____		_____	
	Telephone: _____		Telephone: _____	
5	DELIVERY TO STATE LABORATORY INFORMATION:			
	Delivered By (Name): _____	Organization: _____		
	Delivered By (Title): _____	Badge Number: _____		

SPECIMEN SCREENING INFORMATION

SPECIMEN WAS SCREENED FOR: (check any applicable boxes and write additional information if the box is checked)

☐

RADIATION

Screening Method(s): _____

Background Reading: _____

Sample Reading (units): _____

☐

EXPLOSIVES

Screening Method(s): _____

Results: _____

☐

CHEMICALS

☐

WMDs

Screening Method(s): _____

Results: _____

☐

pH

Results: _____

☐

OTHER

Screening Method(s): _____

Results: _____

☐

OTHER

Screening Method(s): _____

Results: _____

SAMPLE SCREENED BY:
(Fill out this section completely)

Technician Name(s): _____

Organization(s): _____

Address: _____

Telephone(s): _____

COLLECTOR/SUBMITTER
INCIDENT IDENTIFIER #:

**The State Laboratory Institute does not accept explosive or incendiary material or chemical WMD.
Call the 24/7 Laboratory Emergency Cell phone at 617-590-6390 for guidance.**

Questions regarding the submission and analysis of explosive or incendiary material should be referred to the Arson & Explosives Unit at the State Crime Lab
8 am – 5 pm Telephone ~ 508-358-3220 / After Hours Pager ~ 508-899-3770 / After Hours Cell ~ 508-241-2052